



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

EXHIBIT 10  
DATE 2-13-15  
HB 438

February 13, 2015

RE: HB438

Chairman Wittich and Members of the House Human Services Committee:

Thank you for the opportunity to oppose HB438 today. Because MHA provides services to hospitals, nursing homes, home health agencies, and hospices across the states, we are concerned about the potential impact of this bill on the health care professions outside of our physician community.

The many "whereas" clauses in the bill describe the fact that health care professionals' scopes of practice may not be clear, can overlap, cause confusion and disputes. It is difficult to argue with that, because health care is continuously changing, and professional roles evolve with these changes. However, it is our view that this bill will not help to appropriately facilitate these changes.

I'd like to reference a document about legislative considerations for changes in health care scope of practice. It is a collaborative effort from the National Council of State Boards of Nursing, Federation of State Medical Boards, and other similar national bodies. The group describes how because physicians were the first to obtain legislative recognition of their practice authority, their scope of practice was defined in broad terms to include all aspects of individuals' care. So when other professions sought legislative recognition, they were perceived as claiming the ability to do tasks already included in the authority of medicine.

This is how some physicians continue to interpret the MCA-defined practice of medicine (37-3-102). The Montana Medical Association, on its web site, states: "This definition encompasses virtually all health care. Under Montana's statutory scheme, all other health care providers perform various functions that fall within the definition of the practice of medicine." Look further into the MCA under Title 37; you will see that each profession has its own practice definition, and the language is not a subset of medicine. Because physicians essentially have no scope of practice (so it can therefore not expand), HB438 really only applies to those professions that physicians think "fall under their authority."

But the document from the collaborative group states that "This dynamic has fostered a view of scope of practice that is conceptually faulty and potentially damaging" (p. 5). Rather, it is important to recognize the assumptions related to scope of practice, which are:

- 1) The purpose of regulation (public protection) should have top priority in scope of practice decisions, rather than professional self-interest.
- 2) Changes in scope of practice are inherent in our current healthcare system.
- 3) Collaboration between healthcare providers should be the professional norm.
- 4) Overlap among professions is necessary.

1720 Ninth Avenue PO Box 5119  
Helena, Montana  
59604-5119  
406-442-1911 (phone)  
406-443-3894 (fax)  
[www.mtha.org](http://www.mtha.org)

- 5) Practice acts should require licensees to demonstrate that they are competent to provide a service.

Arguments for scope of practice should be based on an established history of the profession and its practice, education and training, evidence that supports any proposed change and its benefit to public health, and the capacity of the regulatory agency to manage scope changes. This is exactly the process we use now.

It is MHA's position that it is appropriate for practice scopes to change over time. There are certain practices that are singular to a profession, but the number of those that overlap is growing as we strive to meet the needs of our population—especially those in critically underserved areas such as our rural communities. Most of these communities have excellent collaboration among their health care professionals because it is the only way they can effectively serve their patients. Our regulatory agencies have sound statutes and rules to guide their work in protecting the public safety—which has yet to be compromised by any current practice regulations.

**There is simply no compelling reason for this bill.** An additional review committee only presents an extra, unnecessary layer of bureaucracy to attempt to prevent evolution of health care professional practice in Montana—by the very profession that would be exempt from the process.

We urge you to give this bill a do not pass.

Respectfully submitted,

*Casey Blumenthal, DNP, MHSA, RN, CAE*

Casey Blumenthal, DNP, MHSA, RN, CAE  
Vice President

1720 N. 1st Avenue PO Box 5119  
Helena, Montana  
59614-1519  
406 241-1111 (office)  
406 241-3881 (fax)  
casey@mta.org